

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95828



March 27, 1989

ALL-COUNTY LETTER NO. 89-28

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: HOMELESS ASSISTANCE SURVEY

In lieu of the Aid to Families with Dependent Children (AFDC) characteristics survey regularly scheduled for the month of April 1989, the Department of Social Services plans to conduct a survey of Homeless Assistance (HA) applications that were approved during the month of May 1989. The survey results will provide the Department with the data necessary to respond to language contained in the Supplemental Report of the 1988 Budget Act requiring the Department to submit a report to the Legislature by the Spring of 1990 on the costs, recipient characteristics, and effectiveness of Homeless Assistance.

Since no statewide list of approved applications for HA exists, counties will be responsible for developing their own lists of approved applications and drawing their own sample from that list. Therefore, counties should begin immediately to develop a plan for generating a list of applications for HA that are approved during the survey month of May 1989. Detailed instructions on how to draw the sample will be sent to you near the end of May 1989 along with the survey questionnaires.

It is important that your county's list of approved HA applications include only those applications approved during the month of May 1989. Do not include on your list applications taken in May for which eligibility for HA is not determined in May. In other words, an application received on April 28, 1989 which is approved on May 3, 1989 would be included; however, an application taken on May 31, 1989 which is not approved until June 1, 1989 would not be included.


As one of the first steps in this survey, each county should submit the name of a person to act as the survey liaison. The liaison will be responsible for assuring that the survey questionnaires are filled out as completely and accurately as possible. The county liaison will be contacted if there is a need to obtain corrected or missing information on any of the

questionnaires. The information contained on the enclosed form should be telephoned or mailed to the Department no later than April 14, 1989. Please direct your response, as well as any comments or questions relative to the survey to:

Department of Social Services
Data Processing and Statistical
Services Bureau
744 P Street, Mail Station 19-84
Sacramento, CA 95814

Attention: Nancy Stone
(916) 323-4462 or ATSS 473-4462

Your cooperation is appreciated.


DENNES BOYLE
for Deputy Director

cc: CWDA

Enclosure

Enclosure

HOMELESS ASSISTANCE SURVEY

COUNTY LIAISON INFORMATION

COUNTY: _____

LIAISON NAME: _____

TITLE: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER () _____

Return Enclosure by April 14, 1989 to:

Department of Social Services
Data Processing and Statistical
Services Bureau
744 P Street, Mail Station 19-84
Sacramento, CA 95814

Attention: Nancy Stone